#### State of California, State Water Resources Control Board **Division of Water Rights**

P.O. Box 2000, Sacramento, CA 95812-2000 Info: (916) 341-5300, FAX: (916) 341-5400 Web: <a href="http://www.waterrights.ca.gov">http://www.waterrights.ca.gov</a>

#### SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE FORM

#### Owner(s) of Record:

UPPER SAN JOSE WATER CO

S001993

2006, 2007, 2008

Notifying the Division of Water Rights of ownership or address changes is the responsibility of the claimant

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                        |                        |                     |                             |                                         |                    |                                                          | Please Co                                | mplete an        | d Return   | Γhis Form    | by JULY 1, 2  |  |  |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|------------------------|---------------------|-----------------------------|-----------------------------------------|--------------------|----------------------------------------------------------|------------------------------------------|------------------|------------|--------------|---------------|--|--|
| CGLAS<br>D BOX |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SSOCIATI                 | ES, CONS               | ENGRS                  |                     |                             |                                         | Agent:<br>Address: |                                                          |                                          |                  |            |              |               |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                        |                        |                     |                             | Phone No. Fax No. E-mail Address:       |                    |                                                          |                                          |                  |            |              |               |  |  |
| utary<br>nty:  | To:<br>Kings                                                                                                                                                                                                                                                                                                                                                                                                                                           | GS RIVER<br>W 1/4 of N   | IW 1/4 Sec             | ction 20, T            | 20 S, R 2           | 20 E, MDB                   | &M                                      |                    | Asses                                                    | Year of Fire for Parcel It the Diversion | works:<br>Number | 913        |              |               |  |  |
| Α.             |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                        |                        |                     |                             |                                         |                    | No.:                                                     |                                          |                  | ):         |              |               |  |  |
| В.<br>С.       | Year of First Use: (Please provide if missing in the Division of Rights  Rate of Diversion: The rate of diversion of water for each month use Gallons per minute (gpm) Gallons per day (gpd)                                                                                                                                                                                                                                                           |                          |                        |                        |                     |                             |                                         |                    | sed and entered in the table below is shown in units of: |                                          |                  |            |              |               |  |  |
|                | Year                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Jan                      | Feb                    | Mar                    | Apr                 | May                         | June                                    | July               | Aug                                                      | Sept                                     | Oct              | Nov        | Dec          | Average       |  |  |
|                | 2006<br>2007<br>2008                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                        |                        |                     |                             | *************************************** |                    |                                                          |                                          |                  |            |              | Rate          |  |  |
| D.             |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                        |                        |                     |                             |                                         |                    | the table be                                             |                                          | wn in unit       | s of:      | Dec          | Total         |  |  |
|                | 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                        |                        |                     |                             |                                         |                    |                                                          |                                          |                  |            |              | Annual        |  |  |
|                | 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                        |                        |                     |                             |                                         |                    |                                                          |                                          |                  |            |              |               |  |  |
| Ē.             | Purpose of Use — Specify number of acres irrigated, stock watered, persons served, etc.  Irrigation acres; Stockwatering; Domestic; Other (specify)                                                                                                                                                                                                                                                                                                    |                          |                        |                        |                     |                             |                                         |                    |                                                          |                                          | <del>16-</del> 0 |            |              |               |  |  |
| F.             |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s in Metho<br>mp, enlarg |                        |                        |                     |                             |                                         | oject since y      | our previou                                              | s statemer                               | it was filed     | d.         | \α\ <u>)</u> | 78/           |  |  |
| G.             | Parcel Number(s) of Place of Use:  Changes in Method of Diversion — Describe any changes in your project since your previous statement was filed.  (New pump, enlarged diversion dam, location of diversion, etc.)  Please answer only those questions below which are applicable to your project.  1. Conservation of water  a. Are you now employing water conservation efforts? YES NO  Describe any water conservation efforts you have initiated: |                          |                        |                        |                     |                             |                                         |                    |                                                          |                                          |                  |            |              |               |  |  |
|                | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Are you r<br>Describe    | now emplo<br>any water | ying water<br>conserva | conservation effort | ation efforts<br>s you have | s? YES<br>initiated:_                   |                    | NO                                                       |                                          |                  | Y          | DE           | U * .         |  |  |
|                | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | claiming of amount of  |                        |                     | servation u                 | nder sectio                             | on 1011 of t       | he Water Co                                              | ode for you                              | r claimed        | pre-1914 : | appropriati  | ve right, ple |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | n in Divers            |                        | (AF/M0              | 3) Year _                   |                                         |                    | _(AF/MG) \                                               | ′ear                                     |                  | (          | (AF/MG)      |               |  |  |

|       | Reductio                        | on in consumptive use                                                                                                                                                                                             | e:<br>(AF/MG)_Year                                       | _ (AF/M                                             | IG) Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (AF/MG)                                                                 |  |  |  |  |  |  |  |  |  |
|-------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
|       | I have da                       | ata to support the abo                                                                                                                                                                                            | ove surface water use re                                 | eductions due to conserva                           | ition efforts, YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NO                                                                      |  |  |  |  |  |  |  |  |  |
| 2. W  | later quality                   | and wastewater recla                                                                                                                                                                                              | amation                                                  |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |  |  |  |  |  |  |  |  |  |
| a.    | Are you i<br>a degree           | Are you now or have you been using reclaimed water from a wastewater treatment facility, desalination facility or water polluted a degree which unreasonably affects such water for other beneficial uses? YES NO |                                                          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |  |  |  |  |  |  |  |  |  |
| b.    |                                 | ative right under sect                                                                                                                                                                                            |                                                          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ter in lieu of a claimed pre-1914<br>ns and amounts of substitute water |  |  |  |  |  |  |  |  |  |
|       | Amount o                        | of reduced diversion:                                                                                                                                                                                             | (AF/MG) Year                                             | (AF/M                                               | G) Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (AF/MG)                                                                 |  |  |  |  |  |  |  |  |  |
|       | State the                       | type of substitute wa                                                                                                                                                                                             | ater supply:                                             |                                                     | A THE STATE OF THE |                                                                         |  |  |  |  |  |  |  |  |  |
|       | Amount of Year                  | of substitute water su<br>ata to support the abo                                                                                                                                                                  | pply used:<br>_ (AF/MG) Year<br>ove surface water use re | (AF/M                                               | G) Year<br>f a substitute water su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (AF/MG)<br>ipply. YES NO                                                |  |  |  |  |  |  |  |  |  |
| 3. C  | onjunctive u                    | se of surface water a                                                                                                                                                                                             | nd groundwater                                           |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |  |  |  |  |  |  |  |  |  |
| a.    | Are you                         | now using groundwal                                                                                                                                                                                               | ter in lieu of surface wat                               | er? YES NO                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |  |  |  |  |  |  |  |  |  |
| b.    | Code ol                         | esee show the amou                                                                                                                                                                                                | nts of aroundwater used                                  | <b>(-</b>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | right under section 1011.5 of the Water                                 |  |  |  |  |  |  |  |  |  |
|       | I have da                       | ata to support the abo                                                                                                                                                                                            | (AF/MG) Year<br>ove surface water use re                 | (AF/M<br>eductions due to the use o                 | of groundwater. YES_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (AF/MG)<br>NO                                                           |  |  |  |  |  |  |  |  |  |
|       | rstand that it<br>in the future |                                                                                                                                                                                                                   | o document the water sa                                  | vings claimed in "F" abov                           | re if credit under Wate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | r Code sections 1010 and 1011 is                                        |  |  |  |  |  |  |  |  |  |
|       |                                 |                                                                                                                                                                                                                   |                                                          | my knowledge and belief.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |  |  |  |  |  |  |  |  |  |
|       |                                 |                                                                                                                                                                                                                   |                                                          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , California                                                            |  |  |  |  |  |  |  |  |  |
|       |                                 |                                                                                                                                                                                                                   |                                                          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |  |  |  |  |  |  |  |  |  |
| PRINT | ED NAME:                        | (first nam                                                                                                                                                                                                        | ie) (m                                                   | niddle initial)                                     | (last nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ıe)                                                                     |  |  |  |  |  |  |  |  |  |
| COMP  | ANY NAME                        |                                                                                                                                                                                                                   |                                                          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |  |  |  |  |  |  |  |  |  |
| ITEM  | If                              |                                                                                                                                                                                                                   | oace for your answers, I                                 | please use the space prov                           | vided below or add an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | attachment sheet.                                                       |  |  |  |  |  |  |  |  |  |
|       |                                 |                                                                                                                                                                                                                   |                                                          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |  |  |  |  |  |  |  |  |  |
|       |                                 |                                                                                                                                                                                                                   |                                                          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |  |  |  |  |  |  |  |  |  |
|       |                                 |                                                                                                                                                                                                                   |                                                          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |  |  |  |  |  |  |  |  |  |
|       |                                 |                                                                                                                                                                                                                   |                                                          | PERTAINING TO WATER<br>ater rights in California. T |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 28 TM 6                                                                 |  |  |  |  |  |  |  |  |  |

A <u>riparian right</u> enables an owner of land bordering a natural lake or stream to take and use water on his riparian land. Riparian land must be in the same watershed as the water source and must never have been severed from the sources of supply by an intervening parcel without reservation of the riparian right to the severed parcel. Generally, a riparian water user must share the water supply with other riparian users. Riparian rights may be used to divert the natural flow of a stream but may not be used to store water for later use or to divert water which originates in a different watershed, water previously stored by others, return flows from use of groundwater, or other "foreign" water to the natural stream system.

An <u>appropriative right</u> is required for use of water on non-riparian land and for storage of water. Generally, appropriative rights may be exercised only when there is a surplus not needed by riparian water users. After the formation of the California Water Commission back on December 19, 1914, new appropriators have been required to obtain a permit and license from the State. Appropriative rights can be granted to waters "foreign" to the natural stream system.

Statements of Water Diversion and Use must be filed by riparian and pre-1914 appropriative water users as set forth in Water Code section 5100 with specific exceptions. The filing of a statement (1) provides a record of water use, (2) enables the State to notify such users if someone proposes a new appropriation upstream from their diversions, and (3) assists the State to determine if additional water is available for future appropriators.

The above discussion is provided for general information. For more specific information concerning water rights, please contact an attorney or write to this office. We have several pamphlets available. They include: (1) Statements of Water Diversion and Use, (2) Information Pertaining to Water Rights in California, and (3) Appropriation of Water in California.

ST-SUPPL (4-09)

# STATE WATER RESOURCES CONTROL BOARD DIVISION OF WATER RIGHTS

P.O. BOX 2000 SACRAMENTO, CA 95812-2000 (916) 657-1875

## SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE

DIVERTER OF RECORD: STATEMENT NO: 001993 UPPER SAN JOSE WATER CO P 0 80X 166 HANFORD, CA 93245 TELEPHONE NUMBER: (209) 582÷0491 IF NAME/ADDRESS/PHONE NO. IS WRONG OR MISSING, PLEASE CORRECT. SOURCE: KINGS RIVER TRIBUTARY TO: TULARE LAKE BASIN YEAR OF FIRST USE: 1913 COUNTY: KINGS DIVERSION WITHIN: NN1/4 OF WW1/4 SECTION 20, T205, R20E, MDB&ML COMPLETE AND RETURN THIS FORM BY JULY 1, \_\_\_\_\_1994\_. A. Water is used under: Riparian claim \_\_\_\_\_; Pre 1914 right \_\_\_\_\_; Other (explain) \_\_\_\_\_ B. Year of first use (Please provide if missing above) Amount of Use - Enter the amount of water used each month. If monthly and annual use are not known, check the months in which water was used. □ (other) \_\_\_ ☐ Gallons □ Acre-feet Amounts below are: **TOTAL** MAR. APR. MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. JAN. FFB **ANNUAL** 1991 1992 1993 D. <u>Purpose of Use</u> - Specify number of acres irrigated, stock watered, persons served, etc. Irrigation\_ \_\_\_\_\_; Domestiç Other (specify) E. Changes in Method of Diversion - Describe any changes in your project since your previous statement was filed. (New pump, enlarged diversion dam, location of diversion, etc.) F. If part of the water listed in Part C consists of reclaimed or polluted water, please indicate the annual amounts of reclaimed or polluted water in the space below. I declare under penalty of perjury that the information in this report is true to the best of my knowledge and belief.

WR 40-I (1/94) FOR0127R2 Signature: \_\_\_\_\_

\_, California

\_\_\_\_\_, 19 \_\_\_\_\_, at \_\_\_\_

### GENERAL INFORMATION PERTAINING TO WATER RIGHTS IN CALIFORNIA

There are two principal types of surface water rights in California. They are riparian and appropriative rights.

A riparian right enables an owner of land bordering a natural lake or stream to take and use water on his riparian land. Riparian land must be in the same watershed as the water source and must never have been severed from the sources of supply by an intervening parcel without reservation of the riparian right to the severed parcel. Generally, a riparian water user must share the water supply with other riparian users. Riparian rights may be used to divert the natural flow of a stream but may not be used to store water for later use or to divert water which originates in a different watershed, or return flows from use of groundwater.

An appropriate right is required for use of water on nonriparian land and for storage of water. Generally, appropriative rights may be exercised only when there is a surplus not needed by riparian water users. Since 1914 new appropriators have been required to obtain a permit and license from the State.

Statements of water Diversion and Use must be filed by riparian and pre-1914 appropriative water users. The filing of a statement (1) provides a record of water use, (2) enables the State to notify such users if someone proposes a new appropriation upstream from their diversion, and (3) assists the State to determine if additional water is available for future appropriators.

The above discussion is provided for general information. For more specific information concerning water rights, please contact an attorney or write to this office. We have several pamphlets available. They include:

<sup>&</sup>quot;Statements of Water Diversion and Use"

<sup>&</sup>quot;Information Pertaining to Water Rights in California"

<sup>&</sup>quot;Water Rights for Stockponds Constructed Prior to 1969"

<sup>&</sup>quot;Appropriation of Water in California"

## STATE OF CALIFORNIA STATE WATER RESOURCES CONTROL BOARD Division of Water Rights

P.O. BOX 2000 SACRAMENTO, CA 95812-2000 SACRAMENTO, CA 95814 (916) 322-4503 (916) 32 4-5 6 7 6

## SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE

| ı              |                  |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                |                                           |                  |                                                                  |
|----------------|------------------|--------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|---------------------------------------|-----------------|-----------------------------------------------|----------------|-------------------------------------------|------------------|------------------------------------------------------------------|
| DIVERT         | ER OF            | RECOR              | D:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               | STAT           | EMENT                                     | NO:              | 001993                                                           |
|                | PPER S           |                    | SE WA              | TER C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ö                |                |                                       |                 |                                               |                | ?                                         |                  |                                                                  |
|                | ANFORD.          |                    | 93245              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                | ;<br>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | מו מגוף          | you replaced JRN this form.) seet (othe Total Annual served, etc |
|                |                  |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                |                                           |                  |                                                                  |
|                | IF NAM           | E/ADD              | RESS/              | PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NO.              | IS WR          | ONG O                                 | R MIS           | SING,                                         | PLEA           | SE CO                                     | RRECT            | •                                                                |
|                | SOURCE           | : KIN              | IGS RI             | TELEPHONE NUMBER: (209) 582-0491  SS/PHONE NO. IS WRONG OR MISSING, PLEASE CORRECT.  RIVER  E LAKE BASIN  OF NW1/4 SECTION 20, T20S, R20E, MDB&M.  Omplete Items A. B and C. Item D should be completed if you replaced lar water supply with reclaimed or polluted water. RETURN 1991. (Additional information on reverse side of this form.)  I in the amount of water used amounts in the amount of water used withly and annual use are not onthis in which water was used.  Total |                  |                |                                       |                 |                                               |                |                                           |                  |                                                                  |
| TRIBUT         | ARY TO           | : TUL              | ARE L              | AKE B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ASIN             | •              |                                       |                 |                                               |                | . :                                       |                  |                                                                  |
|                | COUNTY           | : KIN              | IG S               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                | 3                                         |                  |                                                                  |
| DIV            | ERSION<br>WITHIN | : NW1              | 1/4 OF             | NW1/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 SEC            | TION           | 20, T                                 | 205,            | R20E,                                         | MDB8           | M.                                        |                  |                                                                  |
| all or pa      | art of y         | our re             | egular             | water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | supply           | / with         | reclain                               | ned oi          | r pollu                                       | ited v         | vater,                                    | RETUR            | RN                                                               |
|                |                  | -                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                | •              |                                       |                 |                                               |                | -                                         |                  | tilis lottit.)                                                   |
| each           | month.           | if n               | nonthly            | and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | annua            | l use          | are n                                 | ot              |                                               |                | e: 🗋 /                                    |                  |                                                                  |
| KIIOW          | iii, Cileci      | · ine              | HOTEUR             | . III <b>vv</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | THEH W           | rater w        | <i>a</i> 3                            | · <b>u</b> .    |                                               |                | 7-                                        |                  |                                                                  |
|                | Jan.             | Feb.               | Mar.               | Apr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | May              | June           | July                                  | Aug.            | Sept.                                         | Oct.           | Nov.                                      | Dec.             |                                                                  |
| 1988           |                  |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                | 1                                         |                  |                                                                  |
| 1989           |                  | •                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                | Ì                                         |                  |                                                                  |
| 1990           |                  |                    |                    | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                |                                       |                 |                                               |                | į.                                        |                  |                                                                  |
| B. Purp        | ose of l         | Jse -              | Specif             | y num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ber of           | acres          | irriga                                | ted, s          | tock v                                        | vatere         | d, per                                    | sons s           | served, etc.                                                     |
|                |                  |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                | ,<br>,<br>,                               |                  |                                                                  |
| St             |                  |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                | ".                                        |                  |                                                                  |
|                |                  |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                | <u> </u>                                  |                  |                                                                  |
| Oth            | • .              |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                | <u> </u>                                  |                  |                                                                  |
| C. Char        | nges in l        | Metho              | d of D             | iversio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n - De           | scribe         | any d                                 | hang            | es in                                         | you            | r proj                                    | ect s            | ince your                                                        |
| previ          | ious stat        | ement              | was                | filed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (New             | pump,          | enlar                                 | ged             | diversi                                       | on d           | am,†lo                                    | ocatio           | n of                                                             |
|                |                  |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                |                                           |                  |                                                                  |
|                |                  |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                |                                           |                  |                                                                  |
|                |                  |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                | · · · · · ·                           |                 |                                               | ·              | .1                                        |                  |                                                                  |
|                | · <del></del>    |                    | <u> </u>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                | · · · · · · · · · · · · · · · · · · · |                 |                                               | _              |                                           |                  |                                                                  |
| D. If painting | art of take      | he wa<br>annua     | ater lis<br>al amo | ted in<br>unts c                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Part<br>of recta | A cor<br>aimed | nsists<br>or pol                      | of red<br>luted | claime<br>water                               | d or<br>in the | pollut<br>spące                           | ed wa<br>e belov | iter, please<br>v.                                               |
|                |                  |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                |                                       |                 |                                               |                | •                                         |                  |                                                                  |
|                | <del></del>      |                    | - <del></del>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                | <u></u>                               |                 |                                               | ·              | ] <b>k</b>                                | ·· "             |                                                                  |
|                | <del>:</del>     | , , <del>, ,</del> |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                |                |                                       |                 | , , <u>, , , , , , , , , , , , , , , , , </u> |                |                                           |                  |                                                                  |
| i declare      | under penalty    | of perjury         | y that the i       | nformation                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | in this rep      | oort is true   | to the bes                            | t of my kn      | owledge an                                    | d belief.      | 1                                         |                  |                                                                  |
| DATED:         |                  |                    |                    | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | at             |                                       |                 |                                               |                | 5<br>1                                    |                  | . California                                                     |
| DWIED:         |                  | , ;                |                    | , 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | <u> </u>       | <del></del>                           | - <del></del>   | <u> </u>                                      |                | 1                                         |                  |                                                                  |
| WR 40-I (2/90) | •                |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | Signat         | ture:                                 |                 |                                               |                | 1                                         |                  |                                                                  |
| 3737           |                  |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                | 1990                                  |                 |                                               |                | 1                                         |                  |                                                                  |

STATE WATER RESOURCES
CONTROL BOARD

1991 JAN 28 AN 10: 40
DIV. OF WATER RIGHTS
SACRAMENTO

## GENERAL INFORMATION PERTAINING TO WATER RIGHTS IN CALIFORNIA

There are two principal types of surface water rights in California. They are riparian and appropriative rights.

A riparian right enables an owner of land bordering a natural lake or stream to take and use water on his riparian land. Riparian land must be in the same watershed as the water source and must never have been severed from the source of supply by an intervening parcel without reservation of the riparian right to the severed parcel. Generally, a riparian water user must share the water supply with other riparian users. Riparian rights may be used to divert the natural flow of a stream but may not be used to store water for later use or to divert water which originates in a different watershed, or return flows from use of groundwater.

An appropriative right is required for use of water on nonriparian land and for storage of water. Generally, appropriative rights may be exercised only when there is a surplus not needed by riparian water users. Since 1914 new appropriators have been required to obtain a permit and license from the State.

Statements of Water Diversion and Use must be filed by riparian and pre-1914 appropriative water users. The filing of a statement (1) provides a record of water use, (2) enables the State to notify such users if someone proposes a new appropriation upstream from their diversion, and (3) assists the State to determine if additional water is available for future appropriators.

The above discussion is provided for general information. For more specific information concerning water rights, please contact an attorney or write to this office. We have several pamphlets available. They include:

"Statements of Water Diversion and Use"

"Information Pertaining to Water Rights in California"

"Water Rights for, Stockponds Constructed Prior to 1969"

"Appropriation of Water in California"

# STATE OF CALIFORNIA THE RESOURCES AGENCY STATE WATER RIGHTS BOARD

### STATEMENT OF WATER DIVERSION AND USE

This statement should be typewritten or legibly written in ink.

| Name of person diverting water. Upper San Jose Water Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S 199                                 | }3        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------|
| Address 346 D Street, Lemore, California 93245                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                     |           |
| Name of body of water at point of diversion Kings River                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                     |           |
| Tributary to Tulare Lake Basin and San Joaquin River                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |           |
| Place of diversion NW 1/4 NW 1/4 Section 20, Township 20 S, Range 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OB N.D.                               | _ Pell.   |
| Kings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | regard to section                     | , lice ce |
| prominent local landmarks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |           |
| Name of works Tulare Lake Canal (Upper San Jose water)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | placerand, percentic                  | r brener  |
| Capacity of diversion works 639                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cubic fact                            | -         |
| Capacity of storage reservoir Pine Plat 1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |           |
| State quantity of water used each month in gallons or acre-feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | acro-feet                             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · · | Total     |
| Year Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Nov. Dec.                             | Annual 1  |
| Maximum annual water use in recent years See Annual Watermaster Reports  Minimum annual water use in recent years See Annual Watermaster Reports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | gallons<br>acro-loss<br>gallons       |           |
| Type of diversion facility: gravity X, pump.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ecro-fact                             |           |
| Method of measurement: weirX , flume, electric power meter, water me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ercrtime                              |           |
| Purpose of use (what water is being used for) Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |           |
| turpuse of use (what water is being user for)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |           |
| General description or location of place of use (use sketch of section grid on reverse side if See Application 5640                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ra dantes)                            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |           |
| L. Year of first use as nearly as known                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |           |
| Name of person filing statement. Robert E. Leake, Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>[</u>                              |           |
| Position Watermaster Organization Kings River Water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Association                           |           |
| Address 4888 East Jensen Avenue, Fresno, Celifornia 93725                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                                     |           |
| certify that the foregoing statements are true and correct to the best of my knowledge and belight that the foregoing statements are true and correct to the best of my knowledge and belight to the best of m |                                       |           |
| Date signed June 29, 1967 Signature / Charles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |           |
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